FOR OHF USE

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2003
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2003)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0042879

Facility Name: Provena McAuley Manor

Address: 400 W. Sullivan Road (Number) Aurora (City) 60506 (Zip Code)

County: Kane

Telephone Number: (630)859-3700 **Fax #** (630)264-1862

IDPA ID Number: 371127787012

Date of Initial License for Current Owners: 12/01/97

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code 501c3			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Lynda Olinski **Telephone Number:** (708)478-7916

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01312003 to 12312003 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) Michael R Gordon
(Title) Vice President

Paid Preparer
(Signed) _____ (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	87	Skilled (SNF)	87	31,755	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	87	TOTALS	87	31,755	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	940	11,608	6,494	19,042	8
9	SNF/PED					9
10	ICF		8,991		8,991	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	940	20,599	6,494	28,033	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 88.28%

D. How many bed-hold days during this year were paid by Public Aid?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
N/A - None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 12/1/1997

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 45 and days of care provided 6,494

Medicare Intermediary Administar Federal

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/03 Fiscal Year: 12/31/03

* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

Facility Name & ID Number Provena McAuley Manor # 0042879 **Report Period Beginning:** 01312003 **Ending:** 12312003

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	187,218	2,370	35,732	225,320		225,320		225,320			1
2	Food Purchase		142,683		142,683		142,683	(16,886)	125,797			2
3	Housekeeping	111,864	25,483		137,347		137,347		137,347			3
4	Laundry	22,473		47,247	69,720		69,720	(27,773)	41,947			4
5	Heat and Other Utilities			139,625	139,625		139,625	2,185	141,810			5
6	Maintenance	86,497	4,384	75,123	166,004		166,004	315	166,319			6
7	Other (specify):* Pastoral Care		773	136	909		909	(17,667)	(16,758)			7
8	**TOTAL General Services**	408,052	175,693	297,863	881,608		881,608	(59,826)	821,782			8
	B. Health Care and Programs											
9	Medical Director			10,096	10,096		10,096		10,096			9
10	Nursing and Medical Records	1,505,237	113,229	695,999	2,314,465		2,314,465		2,314,465			10
10a	Therapy			392,369	392,369		392,369		392,369			10a
11	Activities	63,552	3,328	215	67,095		67,095		67,095			11
12	Social Services	29,914			29,914		29,914		29,914			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,598,703	116,557	1,098,679	2,813,939		2,813,939		2,813,939			16
	C. General Administration											
17	Administrative	326,153	180	370,549	696,882		696,882	(194,586)	502,296			17
18	Directors Fees											18
19	Professional Services			119,824	119,824		119,824	6,108	125,932			19
20	Dues, Fees, Subscriptions & Promotions			53,902	53,902		53,902	(17,900)	36,002			20
21	Clerical & General Office Expenses		14,019	25,878	39,897		39,897	(13,859)	26,038			21
22	Employee Benefits & Payroll Taxes			519,785	519,785		519,785	22,418	542,203			22
23	Inservice Training & Education			11,243	11,243		11,243	3,250	14,493			23
24	Travel and Seminar			4,615	4,615		4,615	2,192	6,807			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			45,274	45,274		45,274		45,274			26
27	Other (specify):* Bad Debt			72,887	72,887		72,887	(72,887)				27
28	**TOTAL General Administration**	326,153	14,199	1,223,957	1,564,309		1,564,309	(265,264)	1,299,045			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	2,332,908	306,449	2,620,499	5,259,856		5,259,856	(325,090)	4,934,766			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification

Facility Name & ID Number Provena McAuley Manor #0042879 Report Period Beginning: 01312003 Ending: 12312003

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			285,251	285,251		285,251	(1,514)	283,737			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							63,171	63,171			32
33	Real Estate Taxes			(70,397)	(70,397)		(70,397)		(70,397)			33
34	Rent-Facility & Grounds							6,372	6,372			34
35	Rent-Equipment & Vehicles			8,726	8,726		8,726	523	9,249			35
36	Other (specify):*											36
37	**TOTAL Ownership**			223,580	223,580		223,580	68,552	292,132			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			412,719	412,719		412,719		412,719			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			47,632	47,632		47,632		47,632			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**			460,351	460,351		460,351		460,351			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,332,908	306,449	3,304,430	5,943,787		5,943,787	(256,538)	5,687,249			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(17,790)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients	(27,773)	4		8
9	Non-Straightline Depreciation	(2,915)	30		9
10	Interest and Other Investment Income	(17,559)	32		10
11	Discounts, Allowances, Rebates & Refunds	(16,576)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(100)	17		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(72,887)	27		24
25	Fund Raising, Advertising and Promotional	(19,964)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (175,564)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(25,177)	VAR	34
35	Other- Attach Schedule	(55,797)	VAR	35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (80,974)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (256,538)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Provena McAuley Manor

ID# 0042879

Report Period Beginning: 01312003

Ending: 12312003

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Development Salaries	$ (17,667)	7	1
2	Development Food	(192)	2	2
3	Development Misc Net Assets Released	(36,893)	17	3
4	Development Prof Services	(27)	19	4
5	Development Dues	(820)	20	5
6	Development Postage	(60)	21	6
7				7
8	Development Conference	(19)	23	8
9	Development Travel	(119)	24	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(55,797)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Provena McAuley Manor # 0042879 **Report Period Beginning:** 01312003 **Ending:** 12312003

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(17,982)	1,096	0	0	0	0	0	0	0	0	0	(16,886)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	(27,773)	0	0	0	0	0	0	0	0	0	0	(27,773)	4
5	Heat and Other Utilities	0	2,185	0	0	0	0	0	0	0	0	0	2,185	5
6	Maintenance	0	315	0	0	0	0	0	0	0	0	0	315	6
7	Other (specify):*	(17,667)	0	0	0	0	0	0	0	0	0	0	(17,667)	7
8	**TOTAL General Services**	(63,422)	3,596	0	0	0	0	0	0	0	0	0	(59,826)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Program**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	(36,993)	(157,593)	0	0	0	0	0	0	0	0	0	(194,586)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(27)	6,135	0	0	0	0	0	0	0	0	0	6,108	19
20	Fees, Subscriptions & Promotions	(20,784)	2,884	0	0	0	0	0	0	0	0	0	(17,900)	20
21	Clerical & General Office Expenses	(16,636)	2,777	0	0	0	0	0	0	0	0	0	(13,859)	21
22	Employee Benefits & Payroll Taxes	0	22,418	0	0	0	0	0	0	0	0	0	22,418	22
23	Inservice Training & Education	(19)	3,269	0	0	0	0	0	0	0	0	0	3,250	23
24	Travel and Seminar	(119)	2,311	0	0	0	0	0	0	0	0	0	2,192	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(72,887)	0	0	0	0	0	0	0	0	0	0	(72,887)	27
28	**TOTAL General Administration**	(147,465)	(117,799)	0	0	0	0	0	0	0	0	0	(265,264)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(210,887)	(114,203)	0	0	0	0	0	0	0	0	0	(325,090)	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number **Provena McAuley Manor** **#** **0042879** **Report Period Beginning:** **01312003** **Ending:** **12312003**

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(2,915)	0	1,401	0	0	0	0	0	0	0	0	(1,514)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(17,559)	0	80,730	0	0	0	0	0	0	0	0	63,171	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	6,372	0	0	0	0	0	0	0	0	6,372	34
35	Rent-Equipment & Vehicles	0	0	523	0	0	0	0	0	0	0	0	523	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(20,474)	0	89,026	0	0	0	0	0	0	0	0	68,552	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(231,361)	(114,203)	89,026	0	0	0	0	0	0	0	0	(256,538)	45

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
		See Attached		See Attached		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	2	Food Purchase	$	Provena Senior Services	100.00%	$ 1,096	$ 1,096	1
2	V	3	Housekeeping - Supplies		Provena Senior Services	100.00%	0		2
3	V	5	Heat & Other Utilities		Provena Senior Services	100.00%	2,185	2,185	3
4	V	6	Maintenance - Other		Provena Senior Services	100.00%	315	315	4
5	V	17	Admin Salary Other Admin		Provena Senior Services	100.00%	74,914	74,914	5
6	V	17	Admin - Other	245,882	Provena Senior Services	100.00%	13,375	(232,507)	6
7	V	19	Professional Services		Provena Senior Services	100.00%	6,135	6,135	7
8	V	20	Dues, Fees, Subs & Promotions		Provena Senior Services	100.00%	2,884	2,884	8
9	V	21	Clerical/Genl Supplies		Provena Senior Services	100.00%	1,836	1,836	9
10	V	21	Clerical/Gen - Other		Provena Senior Services	100.00%	941	941	10
11	V	22	Emp Benefits & Payroll Taxes		Provena Senior Services	100.00%	22,418	22,418	11
12	V	23	Inservice Training & Education		Provena Senior Services	100.00%	3,269	3,269	12
13	V	24	Travel & Seminar		Provena Senior Services	100.00%	2,311	2,311	13
14	Total			$ 245,882			$ 131,679	$ * (114,203)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	30	Depreciation	$	Provena Senior Services	100.00%	$ 1,401	$ 1,401	15
16	V	32	Interest		Provena Senior Services	100.00%	80,730	80,730	16
17	V	34	Rent - Facility & Grounds		Provena Senior Services	100.00%	6,372	6,372	17
18	V	35	Rent - Equipment & Vehicles		Provena Senior Services	100.00%	523	523	18
19	V	17	Admin - Other	76,970	Provena Health	100.00%	76,970		19
20	V	19	Professional Services	55,019	Provena Health	100.00%	55,019		20
21	V	39	Ancillary Service Centers - Other	412,719	Provena Senior Services Pharmacy	100.00%	412,719		21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 544,708			$ 633,734	$ * 89,026	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Provena Senior Services
Street Address: 19065 Hickory Creek Drive, Ste 310
City / State / Zip Code: Mokena, IL60448
Phone Number: (708)478-7900
Fax Number: (708)478-5387

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	2	Food Purchase	Mgmt Fee Income	5,373,327	16	$ 23,945	$	245,882	$ 1,096	1
2	3	Housekeeping - Supplies	Mgmt Fee Income	5,373,327	16	(3)		245,882	0	2
3	5	Heat & Other Utilities	Mgmt Fee Income	5,373,327	16	47,756		245,882	2,185	3
4	6	Maintenance - Other	Mgmt Fee Income	5,373,327	16	6,877		245,882	315	4
5	17	Admin Salary Other Admin	Mgmt Fee Income	5,373,327	16	1,637,117	1,637,117	245,882	74,914	5
6	17	Admin - Other	Mgmt Fee Income	5,373,327	16	292,291		245,882	13,375	6
7	19	Professional Services	Mgmt Fee Income	5,373,327	16	134,066		245,882	6,135	7
8	20	Dues, Fees, Subs & Promotions	Mgmt Fee Income	5,373,327	16	63,031		245,882	2,884	8
9	21	Clerical/Genl Supplies	Mgmt Fee Income	5,373,327	16	40,128		245,882	1,836	9
10	21	Clerical/Gen - Other	Mgmt Fee Income	5,373,327	16	20,574		245,882	941	10
11	22	Emp Benefits & Payroll Taxes	Mgmt Fee Income	5,373,327	16	489,898		245,882	22,418	11
12	23	Inservice Training & Education	Mgmt Fee Income	5,373,327	16	71,446		245,882	3,269	12
13	24	Travel & Seminar	Mgmt Fee Income	5,373,327	16	50,497		245,882	2,311	13
14	30	Depreciation	Mgmt Fee Income	5,373,327	16	30,618		245,882	1,401	14
15	32	Interest	Mgmt Fee Income	5,373,327	16	1,764,218		245,882	80,730	15
16	34	Rent - Facility & Grounds	Mgmt Fee Income	5,373,327	16	139,255		245,882	6,372	16
17	35	Rent - Equipment & Vehicles	Mgmt Fee Income	5,373,327	16	11,422		245,882	523	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 4,823,136	$ 1,637,117		$ 220,705	25

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Provena Health Services
Street Address: 9223 West St. Francis Road
City / State / Zip Code: Frankfurt, IL 60423
Phone Number: (815)469-4888
Fax Number: (815)469-4864

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	Admin - Other	Direct Allocation			$	$		$ 76,970	1
2	19	Professional Services	Direct Allocation						55,019	2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$ 131,989	25

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Provena Senior Services Pharmacy
Street Address: 1475 Harvard Drive
City / State / Zip Code: Kankakee, IL 60901
Phone Number: (815)928-6141
Fax Number: (815)946-3238

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	39	Ancillary Services - Other	Direct Allocation			$	$		$ 412,719	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$ 412,719	25

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$	$			$	9
	B. Non-Facility Related*											
10	Provena Senior Services										63,171	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ 63,171	14
15	TOTALS (line 9+line14)						$	$			$ 63,171	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$** _____ **Line #** _____

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2002 report.	$	16,173	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	105,591	2
3. Under or (over) accrual (line 2 minus line 1).	$	89,418	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)	$	(159,815)	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	(70,397)	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
1998	94,396	8
1999	94,396	9
2000	97,543	10
2001	94,396	11
2002	105,591	12

FOR OHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2002	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual o taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, [illegible]

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Provena McAuley Manor COUNTY Kane

FACILITY IDPH LICENSE NUMBER 0042879

CONTACT PERSON REGARDING THIS REPORT Lynda Olinski

TELEPHONE 708-478-7916 FAX #: 708-478-5387

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2002.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	15-09-400-023	00400 Sullivan Aurora	$ (70,397.00)	$ (70,397.00)
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ (70,397.00)	$ (70,397.00)

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 51,000 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

C. Does the Operating Entity? [x] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [x] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [x] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [x] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1				$	1
2					2
3	TOTALS			$	3

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	87			1986	$ 4,218,962	$ 168,758	25	$ 168,758	$	$ 2,953,274	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	VARIOUS			1987	36,401		20			36,401	9
10	VARIOUS			1988	47,074	3,000	20	3,000		41,549	10
11	VARIOUS			1989	20,698	1,380	20	1,380		19,716	11
12	VARIOUS			1990	25,276	1,211	20	1,211		23,232	12
13	VARIOUS			1991	44,027	2,775	20	2,775		34,833	13
14	VARIOUS			1992	120,907	7,415	20	7,415		85,808	14
15	VARIOUS			1993	133,363	8,700	20	8,700		95,909	15
16	VARIOUS			1994	32,534	836	20	836		28,018	16
17	VARIOUS			1995	22,015	3,312	20	3,312		22,015	17
18	VARIOUS			1996	70,791	4,318	20	4,318		35,305	18
19	VARIOUS			1997	20,454	181	20	181		18,934	19
20	VARIOUS			1999	35,104	5,215	20	5,215		23,469	20
21											21
22	DESC: MCM COMMON AREA ASSESSMENT			2000	2,242	448	5	448		1,569	22
23	DESC: REPLACE 2 PIPES IN ATTIC			2000	1,200	240	5	240		840	23
24	DESC: RGB MAJOR BUILDING CONSULTING			2000	5,712	571	10	571		1,999	24
25	DESC: RENOVATION TO ROOMS 119 & 219			2000	479	24	20	24		84	25
26	DESC: RENOVATION TO ROOMS 119 & 219			2000	30,057	1,503	20	1,503		5,260	26
27	DESC: BELTS			2000	1,150	230	5	230		805	27
28	DESC: PUMP ASSEMBLY			2000	2,212	442	5	442		1,549	28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	DESC: LANDSCAPE ARCHITECTURE SERVICES	2001	$ 2,823	$ 565	5	$ 565	$	$ 1,411	37
38	DESC: LANDSCAPING	2001	22,255	2,226	10	2,226		5,564	38
39	DESC: BOHR ROOFING REPAIRS	2001	168	34	5	34		84	39
40	DESC: ROOF REPAIRS	2001	390	78	5	78		195	40
41	DESC: RGB ARCHITECTURAL SERVICES (4/27/01)	2001	4,579	916	5	916		2,290	41
42	DESC: REPLACE VALVES, REPAIR LEAKING FLANG	2001	1,476	295	5	295		738	42
43	DESC: HARDWARE	2001	605	121	5	121		302	43
44	DESC: PAINT & WALLPAPER BORDER	2001	263	53	5	53		131	44
45	DESC: 4" VINYL COVERED BASE (1 CARTON-WARM	2001	87	17	5	17		43	45
46	DESC: VENTILATION SYSTEM	2001	2,764	553	5	553		1,382	46
47	DESC: BUILDING PERMIT - MECHANICAL WORK	2001	395	99	2	99		395	47
48	DESC: INSTALLATIOM OF DOOR HARDWARE	2001	1,129	226	5	226		565	48
49	DESC: COMBUSTION AIR DUCT SYSTEM	2001	10,835	1,084	10	1,084		2,709	49
50	DESC: REPAIR ROOF	2001	808	162	5	162		404	50
51	DESC: RGB CONSULTING (09/01/01 - 09/28/01)	2001	270	54	5	54		135	51
52	DESC: ELECTRICAL WORK	2001	10,368	2,074	5	2,074		5,184	52
53	DESC: LIGHT TOWER	2001	475	48	10	48		119	53
54	DESC: INSTALL BALLAST LIGHTING	2001	4,513	903	5	903		2,257	54
55	DESC: PARKING LOT ASPHALT	2001	29,120	3,640	8	3,640		9,100	55
56	DESC: SOD/TOPSOIL	2001	2,056	206	10	206		514	56
57	DESC: INSTALL RPZ	2002	7,981	798	10	798		1,197	57
58	DESC: SHEET VINYL FLOORING IN 3 ELEVATORS	2002	1,685	337	5	337		506	58
59	DESC: WALL REPAIRS / PAINTING	2002	4,275	855	5	855		1,283	59
60	DESC: ROOF AND DECK REPLACEMENT	2002	4,639	464	10	464		696	60
61	DESC: DRYWALL REPLACEMENT / PAINTING	2002	1,000	200	5	200		300	61
62	DESC: BORDER WALLCOVERING	2002	960	192	5	192		288	62
63	DESC: PAINTING AND ERPAIR OF COORIDORS/HAL	2002	6,213	1,243	5	1,243		1,243	63
64	DESC: PAINTING CUSTOMER LOUNGE, PATIENTS'	2002	1,200	240	5	240		240	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 4,993,987	$ 228,239		$ 228,239	$	$ 3,469,841	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 4,993,987	$ 228,239		$ 228,239	$	$ 3,469,841	1
2	DESC: NEW WALK PATHS	2002	19,377	2,422	8	2,422		2,422	2
3	DESC: REPLACE HOT WATER BOILER AND HEATERS	2002	14,331	1,433	10	1,433		1,433	3
4	DESC: REPLACEMENT FLOORING ALTZHEIMER UNIT	2002	11,967	2,393	5	2,393		2,393	4
5	DESC: REPLACEMENT FLOORING FOR FAMILY LOUN	2002	1,258	252	5	252		252	5
6	DESC: BORDER WALL COVERINGS	2002	85	17	5	17		17	6
7	DESC: FREIGHT	2002	260	52	5	52		52	7
8	DESC: ROOF REPAIRS	2002	3,800	253	15	253		253	8
9	DESC: CARPET RELACEMENT- LOUNGE AND ADMINI	2003	10,515	1,051	5	1,051		1,051	9
10	DESC: REPIPE CIRCULATING LINE AND INSTALL	2003	3,000	150	10	150		150	10
11	DESC: VACUUM PUMP	2003	1,847	185	5	185		185	11
12	DESC: FREON	2003	1,511	151	5	151		151	12
13	DESC: 50 GALLON ELECTRIC WATER HEATER	2003	4,758	238	10	238		238	13
14	DESC: PRIVATE CABLE TV SYSTEM	2003	22,812	1,141	10	1,141		1,141	14
15	DESC: PAINT ROOMS	2003	15,000	1,500	5	1,500		1,500	15
16	DESC: REFRIGERATION/COOLING CLEANING AND A	2003	3,355	336	5	336		336	16
17	DESC: BORDER WALLCOVERING	2003	425	43	5	43		43	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 5,108,287	$ 239,855		$ 239,855	$	$ 3,481,457	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 319,700	$ 37,571	$ 37,571	$	10	$ 251,128	71
72	Current Year Purchases	23,338	1,029	1,029		10	1,029	72
73	Fully Depreciated Assets	697,325					697,325	73
74								74
75	TOTALS	$ 1,040,363	$ 38,600	$ 38,600	$		$ 949,482	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Patient Transport	2000 FORD ELDORADO	1999	$ 42,261	$ 5,283	$ 5,283	$	5	$ 23,772	76
77										77
78										78
79										79
80	TOTALS			$ 42,261	$ 5,283	$ 5,283	$		$ 23,772	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 6,190,911	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 283,737	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 283,737	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 4,454,711	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5	Allocation Home Office				6,372			5
6								6
7	TOTAL				$ 6,372 **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: ☐ YES ☒ X NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2004	$
13.	/2005	$
14.	/2006	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO

16. Rental Amount for movable equipment: $ 9,249 Description: Nursing $7,530, Dietary $35, Pastoral Care $140, Admin $1,021, Home Office $523
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	N/A		$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2		3	4		5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10a, 3	hrs	$	3,088	$	161,184	$	3,088	$ 161,184	1
2	Licensed Speech and Language Development Therapist	10a, 3	hrs		357		18,620		357	18,620	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	10a, 3	hrs		4,072		212,566	3,320	4,072	215,886	4
5	Physician Care		visits								5
6	Dental Care		visits								6
7	Work Related Program		hrs								7
8	Habilitation		hrs								8
9	Pharmacy		# of prescrpts					412,719		412,719	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10
11	Academic Education		hrs								11
12	Exceptional Care Program										12
13	Other (specify):										13
14	TOTAL			$	7,517	$	392,369	$ 416,039	7,517	$ 808,408	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

STATE OF ILLINOIS

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12312003 (last day of reporting year)

This report must be completed even if financial statements are attached

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 8,794,696	$	1
2	Cash-Patient Deposits	77,816		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	10,376,541		3
4	Supply Inventory (priced at)	485,379		4
5	Short-Term Investments			5
6	Prepaid Insurance	19,788		6
7	Other Prepaid Expenses	803,877		7
8	Accounts Receivable (owners or related parties)	251,746		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 20,809,843	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	7,263,715		12
13	Land	6,877,199		13
14	Buildings, at Historical Cost	72,927,547		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	13,543,467		16
17	Accumulated Depreciation (book methods)	(39,708,360)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	38,281		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Goodwill	147,576		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 61,089,425	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 81,899,268	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,893,009	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	1,831,666		28
29	Short-Term Notes Payable	1,152,937		29
30	Accrued Salaries Payable	2,954,499		30
31	Accrued Taxes Payable (excluding real estate taxes)	123,166		31
32	Accrued Real Estate Taxes(Sch.IX-B)	320,867		32
33	Accrued Interest Payable	24,581		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Due to Related Party	50,095		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 8,350,820	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	41,981,938		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation	102,004		42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 42,083,942	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 50,434,762	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 31,464,506	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 81,899,268	$	48

*(See instructions.)

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 34,502,866	1
2	Restatements (describe):		2
3	2002 Goodwill Write off per Audit	(3,481,389)	3
4	Adj. To Reconcile Consolidated Equity and Consolidated		4
5	Net Income to Nursing Facility Amounts	(116,575)	5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 30,904,902	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	559,604	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 559,604	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 31,464,506	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 5,036,199	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,036,199	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	895,726	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 895,726	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	(5,274)	13
14	Non-Patient Meals	17,790	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	398,498	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray	30,598	20
21	Other Medical Services		21
22	Laundry	27,773	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 469,385	23
	D. Non-Operating Revenue		
24	Contributions	67,907	24
25	Interest and Other Investment Income***	17,559	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 85,466	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Purchase Rebates	16,576	28
28a	Misc. Transportation	39	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 16,615	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 6,503,391	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	881,608	31
32	Health Care	2,813,939	32
33	General Administration	1,564,309	33
	B. Capital Expense		
34	Ownership	223,580	34
	C. Ancillary Expense		
35	Special Cost Centers	412,719	35
36	Provider Participation Fee	47,632	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 5,943,787	40
41	**Income before Income Taxes (line 30 minus line 40)****	559,604	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 559,604	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,808	2,080	$ 75,729	$ 36.41	1
2	Assistant Director of Nursing	1,264	1,488	34,139	22.94	2
3	Registered Nurses	19,555	20,743	503,365	24.27	3
4	Licensed Practical Nurses	3,732	4,046	80,985	20.02	4
5	Nurse Aides & Orderlies	60,160	65,266	765,542	11.73	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,224	2,516	45,477	18.08	8
9	Activity Director	1,422	1,606	26,085	16.24	9
10	Activity Assistants	4,183	4,603	37,467	8.14	10
11	Social Service Workers	1,896	2,080	29,914	14.38	11
12	Dietician					12
13	Food Service Supervisor	4,755	5,141	75,830	14.75	13
14	Head Cook	3,467	3,695	38,986	10.55	14
15	Cook Helpers/Assistants	9,787	10,424	72,402	6.95	15
16	Dishwashers					16
17	Maintenance Workers	4,472	5,022	86,497	17.22	17
18	Housekeepers	11,083	12,845	111,864	8.71	18
19	Laundry	2,581	2,589	22,473	8.68	19
20	Administrator	1,864	2,080	83,880	40.33	20
21	Assistant Administrator	1,904	2,160	44,502	20.60	21
22	Other Administrative	4,061	4,393	90,565	20.62	22
23	Office Manager					23
24	Clerical	3,287	3,480	58,796	16.90	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)	1,936	2,120	48,410	22.83	33
34	TOTAL (lines 1 - 33)	145,441	158,377	$ 2,332,908 *	$ 14.73	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	93	$ 6,815		35
36	Medical Director	$1,575/mth	10,096		36
37	Medical Records Consultant	28	1,412		37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	18	1,003		44
45	Social Service Consultant	9	525		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	148	$ 19,850		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	12,452	$ 579,276		50
51	Licensed Practical Nurses	1,248	45,901		51
52	Nurse Aides	1,516	32,741		52
53	TOTAL (lines 50 - 52)	15,216	$ 657,917		53

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
James Boyle	Administrator		$ 83,880
Other	Other Admin		242,273
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 326,153

B. Administrative - Other

Description	Amount
Miscellaneous	$ 47,697
Corp Service Fee	76,970
Mgmt Fee	245,882
Mgmt Fee Interest	
TOTAL (agree to Schedule V, line 17, col. 3)	$ 370,549
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Consulting	Various	$ 1,412
Consulting	Various	230
Consulting	Various	1,002
Consulting	Various	525
Consulting	Various	6,815
Consulting	Various	500
Consulting	Various	30,329
Consulting	Various	55,019
Purchased Service	Various	19,440
Purchased Service	Various	27
Purchased Service		1,122
Purchased Service		3,403
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 119,824

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 43,126
Unemployment Compensation Insurance	14,541
FICA Taxes	164,559
Employee Health Insurance	137,470
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Benefits	160,089
Home Office Allocation	22,418
TOTAL (agree to Schedule V, line 22, col.8)	$ 542,203

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed 57)	
Dues & Subscriptions:	
Advertising and Public Relations	53,902
Home Office Allocation	2,884
Less: Public Relations Expense	( )
Non-allowable advertising	(19,964)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 36,822

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	4,615
Seminar Expense	
Home Office Allocation	2,311
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 6,926

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Provena McAuley Manor # 0042879 Report Period Beginning: 01312003 Ending: 12312003

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **4222 - Life Services Network**

(3) Did the nursing home make political contributions or payments to a political action organization? **No** If YES, have these costs been properly adjusted out of the cost report? **N/A**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **Yes** If YES, what is the capacity? **87**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **7 years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **29,146** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **47,632**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **N/A** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **17,790**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **N/A**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **KPMG** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **No** If no, please explain. **not issued yet**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **No**
Attach invoices and a summary of services for all architect and appraisal fees.

Provena McAuley Manor
0042879
Attachment for Related Facilities
12/31/2003

Related Nursing Homes

Facility Name	City
Provena Our Lady of Victory	Bourbonnais
Provena Pine View Care Center	St. Charles
Provena Geneva Care Center	Geneva
Provena Cor Mariae Center	Rockford
Provena St. Joseph Center	Freeport
Provena McAuley Manor	Aurora
Provena St. Anne Center	Rockford
Provena Villa Franciscan	Joliet
Provena Heritage Village	Kankakee

Related Business Entities

Facility Name	City	Notes
Provena Clinics		Physician's Clinics
Provena Fortin Villa Learning Cer	Bourbonnais	Childrens Center
Provena Fox Knoll	Aurora	Retirement Community
Provena Health	Frankfurt	Parent Company
Provena Home Care		Home Health
Provena Home Equipment		Home Equipment
Provena Hospice		Hospice
Provena Hospitals		Hospital
Provena Laverna Terrace	Avilla, IN	Independent Living
Provena Meadowview Lodge	Kankakee	Supportive Living
Provena Senior Services	Mokena	Management Company
Provena Senior Services Pharma	Kankakee	Pharmacy
Provena St. Joseph Adult Day Ca	Freeport	Adult Day Care
Provena St. Mary's Adult Day Ca	Kankakee	Adult Day Care
Provena St. Vincent	Freeport	Community Living
St. Anne's Place	Rockford	Independent Living

PROVENA SENIOR SERVICES
MEDICAID COST REPORT WORKSHEET

ACCOUNT		DESCRIPTION	2002	2003		
Dietary Supplies						
570.504630.718900	V-A1-2	PSS MCM SKILLED NSG DIETARY SUPPLIES	1,598.24	2,369.63		
				2,369.63		
Dietary Other						
570.504630.718800	V-A1-3	PSS MCM SKILLED NSG DIETARY SUPPLEMENTS	4,612.13	5,528.68		
570.504670.714210	V-A1-3	PSS MCM DIETARY INSTRUMENTS	-	10.21		
570.504670.716110	V-A1-3	PSS MCM DIETARY UNIFORMS	-	98.04		
570.504670.716410	V-A1-3	PSS MCM DIETARY PAPER GOODS	3,396.07	10,396.75		
570.504670.716520	V-A1-3	PSS MCM DIETARY DISHES, GLASS & SILV	682.94	2,337.57		
570.504670.716910	V-A1-3	PSS MCM DIETARY OTHER SUPPLIES	(87.07)	(91.11)		
570.504670.718800	V-A1-3	PSS MCM DIETARY DIETARY SUPPLEMENTS	10,723.18	10,996.10		
570.504670.718900	V-A1-3	PSS MCM DIETARY DIETARY SUPPLIES	6,957.44	7,408.57		
570.504670.725210	V-A1-3	PSS MCM DIETARY LAUNDRY SERVICE	106.92	-		
570.504670.729100	V-A1-3	PSS MCM DIETARY OTHER PURCHASED SERV	6,692.95	(952.60)		
570.504670.789000	V-A1-3	PSS MCM DIETARY MISCELLANEOUS	12.00	-		
				35,732.21		
Food Purchase						
570.504630.718000	V-A2-2	PSS MCM SKILLED NSG FOOD	357.43	347.23		
570.504630.718150	V-A2-2	PSS MCM SKILLED NSG DAIRY, MILK	-	160.00		
570.504630.718300	V-A2-2	PSS MCM SKILLED NSG BAKERY PRODUCTS	-	82.41		
570.504660.718000	V-A2-2	PSS MCM ACTIVITIES FOOD	6.20	-		
570.504662.718000	V-A2-2	PSS MCM SOCIAL WORK FOOD	19.23	16.35		
570.504670.718000	V-A2-2	PSS MCM DIETARY FOOD	57,790.43	45,885.23		
570.504670.718050	V-A2-2	PSS MCM DIETARY MEAT, FISH, POULTRY	24,893.26	30,214.14		
570.504670.718100	V-A2-2	PSS MCM DIETARY PRODUCE	9,621.89	11,590.75		
570.504670.718150	V-A2-2	PSS MCM DIETARY DAIRY, MILK	19,201.89	18,300.99		
570.504670.718200	V-A2-2	PSS MCM DIETARY BEVERAGES	8,683.37	9,888.08		
570.504670.718250	V-A2-2	PSS MCM DIETARY FROZEN FOODS	11,384.18	16,744.17		
570.504670.718300	V-A2-2	PSS MCM DIETARY BAKERY PRODUCTS	6,114.43	7,118.57		
570.504672.718000	V-A2-2	PSS MCM PLANT ENG FOOD	-	118.50		
570.504674.718000	V-A2-2	PSS MCM HOUSEKEEPING FOOD	55.01	28.16		
570.504688.718000	V-A2-2	PSS MCM PASTORAL CARE FOOD	10.85	-		
570.504689.718000	V-A2-2	PSS MCM DEVELOPMENT FOOD	-	192.09		
570.504690.718000	V-A2-2	PSS MCM ADMINISTRATION FOOD	245.61	1,996.32		
				142,682.99		
Housekeeping Supplies						
570.504630.716810	V-A3-2	PSS MCM SKILLED NSG CLEANING SUPPLIES	629.58	776.44		
570.504670.716810	V-A3-2	PSS MCM DIETARY CLEANING SUPPLIES	5,143.72	3,504.27		
570.504672.716810	V-A3-2	PSS MCM PLANT ENG CLEANING SUPPLIES	43.05	75.10		
570.504674.716110	V-A3-2	PSS MCM HOUSEKEEPING UNIFORMS	-	28.46		
570.504674.716810	V-A3-2	PSS MCM HOUSEKEEPING CLEANING SUPPLIES	14,815.90	18,505.55		
570.504674.716910	V-A3-2	PSS MCM HOUSEKEEPING OTHER SUPPLIES	588.82	260.04		
570.504676.716810	V-A3-2	PSS MCM LAUNDRY CLEANING SUPPLIES	2,312.35	2,147.46		
570.504690.716810	V-A3-2	PSS MCM ADMINISTRATION CLEANING SUPPLIES	-	186.10		
				25,483.42		
Housekeeping Other						
570.504674.729100	V-A3-3	PSS MCM HOUSEKEEPING OTHER PURCHASED S	90.00	-		
				-		
Laundry Supplies						
570.504676.716910	V-A4-2	PSS MCM LAUNDRY OTHER SUPPLIES	173.97	-		
				-		
Laundry Other						
570.504676.716120	V-A4-3	PSS MCM LAUNDRY LINEN	5,637.75	13,947.09		
570.504676.725210	V-A4-3	PSS MCM LAUNDRY LAUNDRY SERVICE	43,941.30	33,273.85		
570.504676.729100	V-A4-3	PSS MCM LAUNDRY OTHER PURCHASED SERV	(0.50)	-		
570.504676.716110	V-A5-3	PSS MCM LAUNDRY UNIFORMS	-	26.50		
				47,247.44		
Heat & Other Utilities						
570.504692.750100	V-A5-3	PSS MCM PROPERTY MGMT ELECTRICITY	78,029.33	78,666.79		
570.504692.750200	V-A5-3	PSS MCM PROPERTY MGMT NATURAL GAS	23,853.50	28,253.32		
570.504692.750300	V-A5-3	PSS MCM PROPERTY MGMT WATER	12,437.75	14,116.52		
570.504692.750500	V-A5-3	PSS MCM PROPERTY MGMT CABLE TV/SATELLIT	-	264.90		
570.504692.750600	V-A5-3	PSS MCM PROPERTY MGMT SEWER/GARBAGE	14,119.76	18,323.42		
				139,624.95		
Maintenance Supplies						
570.504630.716510	V-A6-2	PSS MCM SKILLED NSG MINOR EQUIPMENT	1,039.88	1,605.36		
570.504660.716510	V-A6-2	PSS MCM ACTIVITIES MINOR EQUIPMENT	-	298.00		
570.504672.716510	V-A6-2	PSS MCM PLANT ENG MINOR EQUIPMENT	861.71	1,318.95		
570.504672.716910	V-A6-2	PSS MCM PLANT ENG OTHER SUPPLIES	249.50	12.33		
570.504674.716510	V-A6-2	PSS MCM HOUSEKEEPING MINOR EQUIPMENT	-	369.95		
570.504674.716710	V-A6-2	PSS MCM HOUSEKEEPING REPAIR & MAINT PAR	198.34	-		
570.504676.716510	V-A6-2	PSS MCM LAUNDRY MINOR EQUIPMENT	-	163.79		
570.504676.716710	V-A6-2	PSS MCM LAUNDRY REPAIR & MAINT PARTS	26.78	-		
570.504690.716510	V-A6-2	PSS MCM ADMINISTRATION MINOR EQUIPMENT	308.35	615.25		
				4,383.63		
Maintenance Other						
570.504630.716710	V-A6-3	PSS MCM SKILLED NSG REPAIR & MAINT PARTS	136.97	-		
570.504630.726120	V-A6-3	PSS MCM SKILLED NSG REPAIR & MAINT-EQUIP	7.98	920.00		
570.504630.726720	V-A6-3	PSS MCM SKILLED NSG PREVENT MAINT-EQUIP	9.00	-		
570.504660.716710	V-A6-3	PSS MCM ACTIVITIES REPAIR & MAINT PARTS	-	17.29		
570.504660.726720	V-A6-117	PSS MCM ACTIVITIES PREVENT MAINT-EQUIP	145.00	-		
570.504670.716510	V-A6-3	PSS MCM DIETARY MINOR EQUIPMENT	433.71	413.08		
570.504670.716710	V-A6-3	PSS MCM DIETARY REPAIR & MAINT PARTS	21.26	(12.43)		
570.504672.716110	V-A6-3	PSS MCM PLANT ENG UNIFORMS	-	-		
570.504672.716710	V-A6-3	PSS MCM PLANT ENG REPAIR & MAINT PARTS	6,779.51	12,277.17		
570.504672.725205	V-A6-3	PSS MCM PLANT ENG MAINTENANCE CONTRACT	8,556.73	12,540.68		
570.504672.726100	V-A6-3	PSS MCM PLANT ENG AUTOMOBILE GAS/MAINT	-	89.60		
570.504672.726110	V-A6-3	PSS MCM PLANT ENG REPAIR & MAINT-BUILD	860.32	4,014.58		
570.504672.726120	V-A6-3	PSS MCM PLANT ENG REPAIR & MAINT-EQUIP	6,917.47	7,934.61		
570.504672.726710	V-A6-3	PSS MCM PLANT ENG PREVENT MAINT-BUILD	-	-		
570.504672.726720	V-A6-3	PSS MCM PLANT ENG PREVENT MAINT-EQUIP	221.09	462.91		
570.504672.728320	V-A6-3	PSS MCM PLANT ENG LAWN CARE	9,974.75	8,941.13		
570.504672.729100	V-A6-3	PSS MCM PLANT ENG OTHER PURCHASED SERV	5,934.89	3,217.94		
570.504672.789000	V-A6-3	PSS MCM PLANT ENG MISCELLANEOUS	97.73	721.75		
570.504672.795076	V-A6-3	PSS MCM PLANT ENG PEST CONTROL	-	1,435.00		
570.504690.725205	V-A6-3	PSS MCM ADMINISTRATION MAINTENANCE CONT	15,933.95	21,832.50		
570.504690.726110	V-A6-3	PSS MCM ADMINISTRATION REPAIR & MAINT-BUI	-	21.92		
570.504690.726720	V-A6-3	PSS MCM ADMINISTRATION PREVENT MAINT-EQ	925.73	295.43		
				75,123.16		
Other Gen Svc Supplies						
570.504688.716910	V-A7-2	PSS MCM PASTORAL CARE OTHER SUPPLIES	1,703.59	750.42		
570.504688.789000	V-A7-2	PSS MCM PASTORAL CARE MISCELLANEOUS	-	22.68		
				773.10		
Other Gen Svc Other						
570.504688.788020	V-A7-3	PSS MCM PASTORAL CARE ACTIV/SPECIAL EVEN	300.00	135.83		
				135.83		
Medical Director						
570.504690.725010	V-B09-3	PSS MCM ADMINISTRATION PHYSICIANS & DENT	11,446.50	10,096.00		
				10,096.00		
Nsg & Med Rec Supplies						
570.504630.710100	V-B10-2	PSS MCM SKILLED NSG MED/SURG SUPPLIES	14,349.44	21,044.62		
570.504630.710110	V-B10-2	PSS MCM SKILLED NSG MCRA MED/SURG SUPPL	14,623.15	32,347.19		
570.504630.710200	V-B10-2	PSS MCM SKILLED NSG DRESSINGS & BANDAGE	1,603.40	2,742.36		
570.504630.710400	V-B10-2	PSS MCM SKILLED NSG SUTURES/STAPLES	23.84	65.56		
570.504630.710600	V-B10-2	PSS MCM SKILLED NSG GLOVES	11,738.29	10,675.23		
570.504630.710700	V-B10-2	PSS MCM SKILLED NSG NEEDLES/SYRINGES	2,650.30	3,546.76		
570.504630.710800	V-B10-2	PSS MCM SKILLED NSG KITS/PACKS/TRAYS	-	22.56		
570.504630.710810	V-B10-2	PSS MCM SKILLED NSG URO CATHS/TRAYS/KITS	1,146.23	887.84		
570.504630.710900	V-B10-2	PSS MCM SKILLED NSG REHAB SUPPLIES	1,069.92	3,319.99		
570.504630.710930	V-B10-2	PSS MCM SKILLED NSG EKG/EEG SUPPLIES	57.72	173.21		
570.504630.713330	V-B10-2	PSS MCM SKILLED NSG LAB SUPPLIES	10,207.97	15,290.69		
570.504630.714110	V-B10-2	PSS MCM SKILLED NSG OXYGEN	20,043.27	23,097.57		
570.504630.717900	V-B10-2	PSS MCM SKILLED NSG IV SOLUTIONS & SETS	15.89	15.88		
				113,229.46		
Nsg & Med Rec Other						
570.504630.708110	V-B10-3	PSS MCM SKILLED NSG MED SERVICES-RN	245,907.54	579,276.01		
570.504630.708130	V-B10-3	PSS MCM SKILLED NSG MED SERVICES-LPN	31,335.33	45,900.83		
570.504630.708150	V-B10-3	PSS MCM SKILLED NSG MED SERVICES-AIDE	62,250.84	32,740.62		
570.504630.716110	V-B10-3	PSS MCM SKILLED NSG UNIFORMS	36.00	-		
570.504630.716120	V-B10-3	PSS MCM SKILLED NSG LINEN	22,083.98	29,145.65		
570.504630.716910	V-B10-3	PSS MCM SKILLED NSG OTHER SUPPLIES	1,054.59	52.00		
570.504630.725020	V-B10-3	PSS MCM SKILLED NSG REFERENCE LAB FEES	-	140.00		
570.504630.725025	V-B10-3	PSS MCM SKILLED NSG OTHER FEES	89.00	-		
570.504630.725030	V-B10-3	PSS MCM SKILLED NSG DIAGNOSTIC SERVICES	5,041.00	8,594.39		
570.504630.729100	V-B10-3	PSS MCM SKILLED NSG OTHER PURCHASED SEF	205.00	150.00		
570.504630.789000	V-B10-3	PSS MCM SKILLED NSG MISCELLANEOUS	43.95	-		
				695,999.50		
Therapy Other						
570.504630.725321	V-B10A-3	PSS MCM SKILLED NSG MCRA PHYS THX EXP	81,263.99	146,351.41		
570.504630.725322	V-B10A-3	PSS MCM SKILLED NSG MCRA OCCU THX EXP	59,981.65	116,329.42		
570.504630.725323	V-B10A-3	PSS MCM SKILLED NSG MCRA SPEECH THX EXP	17,527.88	13,414.29	PT	212,565.59
570.504630.725324	V-B10A-3	PSS MCM SKILLED NSG MCRB PHYS THX EXP	21,361.35	32,946.25	OT	161,183.77
570.504630.725325	V-B10A-3	PSS MCM SKILLED NSG MCRB OCCU THX EXP	11,272.66	20,587.44	ST	18,619.78
570.504630.725326	V-B10A-3	PSS MCM SKILLED NSG MCRB SPEECH THX EXP	1,918.93	3,304.54		
570.504630.725327	V-B10A-3	PSS MCM SKILLED NSG PVT PHYS THX EXP	1,472.49	33,267.93		
570.504630.725328	V-B10A-3	PSS MCM SKILLED NSG PVT PAY OCCU THX EXP	893.45	24,266.91		
570.504630.725329	V-B10A-3	PSS MCM SKILLED NSG PVT PAY SPCH THX EXP	2,421.65	1,900.95		
				392,369.14		
Activities Supplies						
570.504660.716910	V-B11-3	PSS MCM ACTIVITIES OTHER SUPPLIES	1,117.63	817.37		
570.504660.729100	V-B11-3	PSS MCM ACTIVITIES OTHER PURCHASED SERV	2,212.05	2,511.00		
				3,328.37		
Activities Other						
570.504662.716910	V-B12-2	PSS MCM SOCIAL WORK OTHER SUPPLIES	35.76	215.13		
				215.13		
Admin Supplies						
570.504689.716910	V-C17-2	PSS MCM DEVELOPMENT OTHER SUPPLIES	8.62	-		
570.504690.716910	V-C17-2	PSS MCM ADMINISTRATION OTHER SUPPLIES	1,203.42	179.67		
				179.67		
Admin Other						
570.504660.788020	V-C17-3	PSS MCM ACTIVITIES ACTIV/SPECIAL EVENTS	983.64	1,170.39		
570.504660.789000	V-C17-3	PSS MCM ACTIVITIES MISCELLANEOUS	-	(25.92)		
570.504689.727010	V-C17-3	PSS MCM DEVELOPMENT FOUND FUND RAISING	52.93	-		
570.504689.788020	V-C17-3	PSS MCM DEVELOPMENT ACTIV/SPECIAL EVENT	71.45	-		
570.504689.789000	V-C17-3	PSS MCM DEVELOPMENT MISCELLANEOUS	-	36,892.88		
570.504690.708500	V-C17-3	PSS MCM ADMINISTRATION NON MED SERVICES	66.82	-		
570.504690.721110	V-C17-3	PSS MCM ADMINISTRATION PH CORP SVC FEE	136,261.00	76,970.00		
570.504690.721225	V-C17-3	PSS MCM ADMINISTRATION PROVENA PSS MGM	276,052.00	245,882.00		
570.504690.778100	V-C17-3	PSS MCM ADMINISTRATION DONATIONS	500.00	100.00		
570.504690.788020	V-C17-3	PSS MCM ADMINISTRATION ACTIV/SPECIAL EVE	5,955.41	5,358.57		
570.504690.788025	V-C17-3	PSS MCM ADMINISTRATION FLORAL DECORATIO	548.48	1,958.11		
570.504690.789000	V-C17-3	PSS MCM ADMINISTRATION MISCELLANEOUS	1,329.35	2,242.63		
				370,548.66		
Professional Services						
570.504630.725330	V-C19-3	PSS MCM SKILLED NSG CONSULTING	906.25	1,411.75		
570.504630.725335	V-C19-3	PSS MCM SKILLED NSG CONSULTING-SOFTWAR	-	230.00		
570.504660.725330	V-C19-3	PSS MCM ACTIVITIES CONSULTING	690.06	1,002.59		
570.504662.725330	V-C19-3	PSS MCM SOCIAL WORK CONSULTING	541.50	525.00		
570.504670.725330	V-C19-3	PSS MCM DIETARY CONSULTING	5,047.35	6,814.95		
570.504670.725335	V-C19-3	PSS MCM DIETARY CONSULTING-SOFTWARE	400.00	500.00		
570.504688.729100	V-C19-3	PSS MCM PASTORAL CARE OTHER PURCHASED	15,173.00	19,440.00		
570.504689.729100	V-C19-3	PSS MCM DEVELOPMENT OTHER PURCHASED S	-	27.30		
570.504690.725310	V-C19-3	PSS MCM ADMINISTRATION LEGAL	2,144.75	1,121.56		
570.504690.725330	V-C19-3	PSS MCM ADMINISTRATION CONSULTING	23,270.73	30,328.80		
570.504690.725335	V-C19-3	PSS MCM ADMINISTRATION CONSULTING-SOFTV	54,507.00	55,019.00		
570.504690.729100	V-C19-3	PSS MCM ADMINISTRATION OTHER PURCHASED	2,481.52	3,402.60		
				119,823.55		
Dues, Fees, Subs & Promotions						
570.504630.716430	V-C20-3	PSS MCM SKILLED NSG PUBLICATIONS/PRINTED	221.87	476.04		
570.504630.716610	V-C20-3	PSS MCM SKILLED NSG BOOKS, SUBSCRIPTIONS	1,332.07	525.89		
570.504630.725410	V-C20-3	PSS MCM SKILLED NSG ADVERT/MARKETING	32.04	-		
570.504630.725420	V-C20-3	PSS MCM SKILLED NSG RECRUITMENT	247.45	10,949.04		
570.504630.725610	V-C20-3	PSS MCM SKILLED NSG DUES	474.00	508.00		
570.504660.716430	V-C20-3	PSS MCM ACTIVITIES PUBLICATIONS/PRINTED	44.11	-		
570.504660.716610	V-C20-3	PSS MCM ACTIVITIES BOOKS, SUBSCRIPTIONS	340.32	947.77		
570.504670.716430	V-C20-3	PSS MCM DIETARY PUBLICATIONS/PRINTED	69.49	-		
570.504670.716610	V-C20-3	PSS MCM DIETARY BOOKS, SUBSCRIPTIONS	-	206.85		
570.504670.725610	V-C20-3	PSS MCM DIETARY DUES	35.00	-		
570.504672.716610	V-C20-3	PSS MCM PLANT ENG BOOKS, SUBSCRIPTIONS	-	99.73		
570.504674.716430	V-C20-3	PSS MCM HOUSEKEEPING PUBLICATIONS/PRINT	-	44.99		
570.504674.716610	V-C20-3	PSS MCM HOUSEKEEPING BOOKS, SUBSCRIPTIC	430.00	(215.00)		
570.504688.716610	V-C20-3	PSS MCM PASTORAL CARE BOOKS, SUBSCRIPTI	1,471.30	(230.01)		
570.504689.716430	V-C20-3	PSS MCM DEVELOPMENT PUBLICATIONS/PRINTE	2,006.18	-		
570.504689.716610	V-C20-3	PSS MCM DEVELOPMENT BOOKS, SUBSCRIPTIO	46.94	-		
570.504689.725410	V-C20-3	PSS MCM DEVELOPMENT ADVERT/MARKETING	1,899.08	1,607.62		
570.504689.725415	V-C20-3	PSS MCM DEVELOPMENT OUTSIDE PRINTING	2,037.94	661.37		
570.504689.725610	V-C20-3	PSS MCM DEVELOPMENT DUES	450.00	820.00		
570.504690.716430	V-C20-3	PSS MCM ADMINISTRATION PUBLICATIONS/PRIN	1,439.59	2,982.16		
570.504690.716610	V-C20-3	PSS MCM ADMINISTRATION BOOKS, SUBSCRIPT	1,045.86	1,690.68		
570.504690.725410	V-C20-3	PSS MCM ADMINISTRATION ADVERT/MARKETING	11,140.48	15,209.20		
570.504690.725415	V-C20-3	PSS MCM ADMINISTRATION OUTSIDE PRINTING	1,026.37	2,485.45		
570.504690.725420	V-C20-3	PSS MCM ADMINISTRATION RECRUITMENT	6,069.73	10,138.48		
570.504690.725610	V-C20-3	PSS MCM ADMINISTRATION DUES	4,164.21	4,993.84		
				53,902.10		
Clerical/Gen Supplies						
570.504630.716420	V-C21-2	PSS MCM SKILLED NSG OFFICE SUPPLIES	1,643.62	3,169.79		
570.504660.716420	V-C21-2	PSS MCM ACTIVITIES OFFICE SUPPLIES	-	101.85		
570.504662.716420	V-C21-2	PSS MCM SOCIAL WORK OFFICE SUPPLIES	54.04	16.13		
570.504670.716420	V-C21-2	PSS MCM DIETARY OFFICE SUPPLIES	789.82	2,277.92		
570.504672.716420	V-C21-2	PSS MCM PLANT ENG OFFICE SUPPLIES	122.34	48.84		
570.504674.716420	V-C21-2	PSS MCM HOUSEKEEPING OFFICE SUPPLIES	(105.98)	10.89		
570.504676.716420	V-C21-2	PSS MCM LAUNDRY OFFICE SUPPLIES	156.95	-		
570.504680.716420	V-C21-2	PSS MCM EMP BENEFITS OFFICE SUPPLIES	38.89	-		
570.504688.716420	V-C21-2	PSS MCM PASTORAL CARE OFFICE SUPPLIES	66.59	238.36		
570.504689.716420	V-C21-2	PSS MCM DEVELOPMENT OFFICE SUPPLIES	29.97	-		
570.504690.716420	V-C21-2	PSS MCM ADMINISTRATION OFFICE SUPPLIES	6,677.88	8,155.47		
				14,019.25		
Clerical/Gen Other						
570.504630.725710	V-C21-3	PSS MCM SKILLED NSG POSTAGE/MAIL/COURIEF	8.40	8.46		
570.504689.725710	V-C21-3	PSS MCM DEVELOPMENT POSTAGE/MAIL/COURI	250.00	60.00		
570.504690.725710	V-C21-3	PSS MCM ADMINISTRATION POSTAGE/MAIL/COU	5,306.22	7,390.86		
570.504690.750400	V-C21-3	PSS MCM ADMINISTRATION TELEPHONE	17,158.13	18,418.55		
				25,877.87		
Emp Benefits & Payroll Taxes						
570.504630.704500	V-C22-3	PSS MCM SKILLED NSG INCENTIVE COMP	-	11,940.00		
570.504630.706100	V-C22-3	PSS MCM SKILLED NSG FICA	112,071.28	111,386.81		
570.504630.706400	V-C22-3	PSS MCM SKILLED NSG GRP HEALTH INSURANC	(20,889.05)	-		
570.504630.706450	V-C22-3	PSS MCM SKILLED NSG GRP VISION INSURANCE	(1,823.25)	-		
570.504630.706500	V-C22-3	PSS MCM SKILLED NSG GRP DENTAL INSURANC	(7,620.52)	-		
570.504630.706810	V-C22-3	PSS MCM SKILLED NSG PENSION-MATCH	7,210.54	7,806.92		
570.504660.706100	V-C22-3	PSS MCM ACTIVITIES FICA	4,423.01	4,479.16		
570.504660.706400	V-C22-3	PSS MCM ACTIVITIES GRP HEALTH INSURANCE	(3,736.66)	-		
570.504660.706450	V-C22-3	PSS MCM ACTIVITIES GRP VISION INSURANCE	(311.86)	-		
570.504660.706500	V-C22-3	PSS MCM ACTIVITIES GRP DENTAL INSURANCE	(938.73)	-		
570.504660.706810	V-C22-3	PSS MCM ACTIVITIES PENSION-MATCH	365.15	432.50		
570.504662.706100	V-C22-3	PSS MCM SOCIAL WORK FICA	2,146.84	1,993.28		
570.504662.706400	V-C22-3	PSS MCM SOCIAL WORK GRP HEALTH INSURANC	(637.42)	-		
570.504662.706450	V-C22-3	PSS MCM SOCIAL WORK GRP VISION INSURANCI	0.08	-		
570.504662.706500	V-C22-3	PSS MCM SOCIAL WORK GRP DENTAL INSURANC	(184.56)	-		
570.504662.706810	V-C22-3	PSS MCM SOCIAL WORK PENSION-MATCH	-	270.72		
570.504670.706100	V-C22-3	PSS MCM DIETARY FICA	14,614.19	13,570.34		
570.504670.706400	V-C22-3	PSS MCM DIETARY GRP HEALTH INSURANCE	(4,437.08)	-		
570.504670.706450	V-C22-3	PSS MCM DIETARY GRP VISION INSURANCE	(364.08)	-		
570.504670.706500	V-C22-3	PSS MCM DIETARY GRP DENTAL INSURANCE	(1,564.87)	-		
570.504670.706810	V-C22-3	PSS MCM DIETARY PENSION-MATCH	1,069.92	1,251.13		
570.504672.704500	V-C22-3	PSS MCM PLANT ENG INCENTIVE COMP	-	4,578.00		
570.504672.706100	V-C22-3	PSS MCM PLANT ENG FICA	6,233.38	6,005.95		
570.504672.706400	V-C22-3	PSS MCM PLANT ENG GRP HEALTH INSURANCE	(3,369.92)	-		
570.504672.706450	V-C22-3	PSS MCM PLANT ENG GRP VISION INSURANCE	(217.62)	-		
570.504672.706500	V-C22-3	PSS MCM PLANT ENG GRP DENTAL INSURANCE	(859.54)	-		
570.504672.706810	V-C22-3	PSS MCM PLANT ENG PENSION-MATCH	1,493.16	1,608.43		
570.504674.706100	V-C22-3	PSS MCM HOUSEKEEPING FICA	6,776.49	8,099.47		
570.504674.706400	V-C22-3	PSS MCM HOUSEKEEPING GRP HEALTH INSURA	(2,828.87)	-		
570.504674.706450	V-C22-3	PSS MCM HOUSEKEEPING GRP VISION INSURAN	(148.91)	-		
570.504674.706500	V-C22-3	PSS MCM HOUSEKEEPING GRP DENTAL INSURA	(609.87)	-		
570.504674.706810	V-C22-3	PSS MCM HOUSEKEEPING PENSION-MATCH	1,171.30	1,364.69		
570.504676.706100	V-C22-3	PSS MCM LAUNDRY FICA	1,873.36	1,668.30		
570.504676.706400	V-C22-3	PSS MCM LAUNDRY GRP HEALTH INSURANCE	(423.35)	-		
570.504676.706500	V-C22-3	PSS MCM LAUNDRY GRP DENTAL INSURANCE	(101.27)	-		
570.504676.706810	V-C22-3	PSS MCM LAUNDRY PENSION-MATCH	420.31	449.61		
570.504680.706100	V-C22-3	PSS MCM EMP BENEFITS FICA	(4,152.22)	-		
570.504680.706200	V-C22-3	PSS MCM EMP BENEFITS UNEMPLOYMENT	26,630.06	14,541.00		
570.504680.706300	V-C22-3	PSS MCM EMP BENEFITS WORKERS COMPENSA	46,559.00	43,126.00		

570.504680.706400	V-C22-3	PSS MCM EMP BENEFITS GRP HEALTH INSURAN	172,438.59	133,670.45
570.504680.706410	V-C22-3	PSS MCM EMP BENEFITS SELF INSURED	3,850.00	-
570.504680.706450	V-C22-3	PSS MCM EMP BENEFITS GRP VISION INSURANC	3,736.62	(515.42)
570.504680.706500	V-C22-3	PSS MCM EMP BENEFITS GRP DENTAL INSURAN	22,791.49	3,884.12
570.504680.706600	V-C22-3	PSS MCM EMP BENEFITS GROUP LIFE INSURANC	15,012.52	11,355.30
570.504680.706800	V-C22-3	PSS MCM EMP BENEFITS PENSION-FUNDING	95,858.00	120,301.57
570.504680.706810	V-C22-3	PSS MCM EMP BENEFITS PENSION-MATCH	1,870.67	-
570.504680.707100	V-C22-3	PSS MCM EMP BENEFITS EXECUTIVE BENEFITS	2,437.00	2,343.00
570.504680.707900	V-C22-3	PSS MCM EMP BENEFITS OTHER BENEFITS	13,738.57	6,374.73
570.504688.706100	V-C22-3	PSS MCM PASTORAL CARE FICA	-	51.41
570.504688.706500	V-C22-3	PSS MCM PASTORAL CARE GRP DENTAL INSURA	(185.15)	-
570.504688.706600	V-C22-3	PSS MCM PASTORAL CARE GROUP LIFE INSURA	-	-
570.504689.704500	V-C22-3	PSS MCM DEVELOPMENT INCENTIVE COMP	-	2,301.00
570.504670.704500	V-A1-115	PSS MCM DIETARY INCENTIVE COMP	-	3,939.00
570.504689.706100	V-C22-3	PSS MCM DEVELOPMENT FICA	891.51	1,239.59
570.504689.706500	V-C22-3	PSS MCM DEVELOPMENT GRP DENTAL INSURAN	(88.66)	-
570.504690.704500	V-C22-3	PSS MCM ADMINISTRATION INCENTIVE COMP	-	12,397.74
570.504690.706100	V-C22-3	PSS MCM ADMINISTRATION FICA	15,954.90	16,065.01
570.504690.706400	V-C22-3	PSS MCM ADMINISTRATION GRP HEALTH INSURA	(7,540.03)	3,800.24
570.504690.706450	V-C22-3	PSS MCM ADMINISTRATION GRP VISION INSURA	(644.11)	-
570.504690.706500	V-C22-3	PSS MCM ADMINISTRATION GRP DENTAL INSURA	(2,690.86)	-
570.504690.706600	V-C22-3	PSS MCM ADMINISTRATION GROUP LIFE INSURA	-	(223.30)
570.504690.706810	V-C22-3	PSS MCM ADMINISTRATION PENSION-MATCH	2,824.63	3,383.38
				554,940.13
Inservice Training and Education				
570.504630.725820	V-C23-3	PSS MCM SKILLED NSG EDUCATION/CONFERENC	2,950.04	3,814.85
570.504660.725820	V-C23-3	PSS MCM ACTIVITIES EDUCATION/CONFERENCE	461.81	195.12
570.504670.725820	V-C23-3	PSS MCM DIETARY EDUCATION/CONFERENCE	207.04	482.56
570.504672.725820	V-C23-3	PSS MCM PLANT ENG EDUCATION/CONFERENCE	-	37.44
570.504688.725820	V-C23-3	PSS MCM PASTORAL CARE EDUCATION/CONFER	664.33	614.36
570.504689.725820	V-C23-3	PSS MCM DEVELOPMENT EDUCATION/CONFERE	412.52	18.72
570.504690.725820	V-C23-3	PSS MCM ADMINISTRATION EDUCATION/CONFEF	12,233.14	6,079.84
				11,242.89
Travel & Seminar				
570.504630.725810	V-C24-3	PSS MCM SKILLED NSG TRAVEL	-	709.08
570.504670.725810	V-C24-3	PSS MCM DIETARY TRAVEL	-	46.80
570.504672.725810	V-C24-3	PSS MCM PLANT ENG TRAVEL	5.11	135.54
570.504674.725810	V-C24-3	PSS MCM HOUSEKEEPING TRAVEL	5.84	-
570.504689.725810	V-C24-3	PSS MCM DEVELOPMENT TRAVEL	34.68	118.59
570.504690.725810	V-C24-3	PSS MCM ADMINISTRATION TRAVEL	2,175.09	3,605.02
				4,615.03
Insurance				
570.504690.761100	V-C26-3	PSS MCM ADMINISTRATION GENERAL LIABILITY	32,236.00	36,214.00
570.504690.762100	V-C26-3	PSS MCM ADMINISTRATION PROPERTY	-	5,712.00
570.504690.763100	V-C26-3	PSS MCM ADMINISTRATION AUTOMOBILE	-	3,348.00
				45,274.00
Other Gen - Other				
570.504695.770100	V-C27-3	PSS MCM BAD DEBT BAD DEBT EXPENSE	198,557.50	72,887.00
				72,887.00
Depreciation				
570.504693.740465	V-D30-3	PSS MCM DEPRECIATION DEPR-LAND IMPROV	7,174.46	7,174.46
570.504693.740475	V-D30-3	PSS MCM DEPRECIATION DEPR-BUILDING	225,981.99	233,950.87
570.504693.740485	V-D30-3	PSS MCM DEPRECIATION DEPR-FIXED EQUIP	1,587.67	4,881.01
570.504693.740490	V-D30-3	PSS MCM DEPRECIATION DEPR-MAJOR MOVE EC	46,095.07	39,245.13
				285,251.47
Real Estate Taxes				
570.504692.772800	V-D33-3	PSS MCM PROPERTY MGMT REAL ESTATE TAX	19,320.00	(70,396.68)
				(70,396.68)
Rent - Equipment & Vehicles				
570.504630.776200	V-D35-3	PSS MCM SKILLED NSG RENTAL/LEASE-EQUIP	13,984.55	7,530.21
570.504630.776900	V-D35-3	PSS MCM SKILLED NSG RENTAL/LEASE-OTHER	-	-
570.504660.776200	V-D35-3	PSS MCM ACTIVITIES RENTAL/LEASE-EQUIP	76.74	-
570.504670.776900	V-D35-3	PSS MCM DIETARY RENTAL/LEASE-OTHER	352.58	34.55
570.504688.776900	V-D35-3	PSS MCM PASTORAL CARE RENTAL/LEASE-OTHE	-	140.00
570.504690.776200	V-D35-3	PSS MCM ADMINISTRATION RENTAL/LEASE-EQU	6,330.24	209.00
570.504690.776900	V-D35-3	PSS MCM ADMINISTRATION RENTAL/LEASE-OTH	3,528.98	812.00
				8,725.76
Ancillary Svc Centers				
570.504630.717000	V-E39-3	PSS MCM SKILLED NSG DRUGS	297,447.23	118,463.03
570.504630.717010	V-E39-3	PSS MCM SKILLED NSG DRUG - MED PART A	155,950.28	294,256.07
				412,719.10
Provider Participation Fee				
570.504636.772900	V-E42-3	PSS MCM INTERMEDIATE SNF ASSESSMENT	47,632.50	47,632.50
				47,632.50
Interest				
570.504610.613015		PSS MCM OTHER OPER INC INTEREST INCOME	-	(17,558.69)
				(17,558.69)
Gross Revenue				
570.504636.430100	XVII-A1	PSS MCM INTERMEDIATE MEDICARE LTC	64.60	-
570.504636.430200	XVII-A1	PSS MCM INTERMEDIATE MEDICAID LTC	(158,063.92)	(98,700.00)
570.504636.430700	XVII-A1	PSS MCM INTERMEDIATE COMMERCIAL LTC	-	-
570.504636.430800	XVII-A1	PSS MCM INTERMEDIATE SELF PAY/OTHER LTC	(1,577,644.99)	(1,409,926.00)
570.504640.430100	XVII-A1	PSS MCM SKILLED MEDICARE LTC	(526,698.00)	(986,991.00)
570.504640.430800	XVII-A1	PSS MCM SKILLED SELF PAY/OTHER LTC	(1,410,313.00)	(2,061,168.00)
570.504640.510130	XVII-A1	PSS MCM SKILLED MEDICARE SNF IP	(136,380.72)	(164,952.59)
570.504641.430800	XVII-A1	PSS MCM SPECIAL CARE SELF PAY/OTHER LTC	(500,910.00)	-
570.504642.430100	XVII-A1	PSS MCM ANCILLARY SUPP MEDICARE LTC	(19,916.64)	(41,250.60)
570.504642.430800	XVII-A1	PSS MCM ANCILLARY SUPP SELF PAY/OTHER LT	(269,148.57)	(273,210.58)
				(5,036,198.77)
Therapy Revenue				
570.504610.651611	XVII-B6	PSS MCM OTHER OPER INC MCRA PHYS THPY R	(156,897.16)	(331,631.40)
570.504610.651612	XVII-B6	PSS MCM OTHER OPER INC MCRA OCCUP THPY	(143,187.23)	(273,586.93)
570.504610.651613	XVII-B6	PSS MCM OTHER OPER INC MCRA SPEECH THPY	(34,524.95)	(54,344.49)
570.504610.651614	XVII-B6	PSS MCM OTHER OPER INC MCRB PHY THPY RE	(28,307.49)	(41,015.02)
570.504610.651615	XVII-B6	PSS MCM OTHER OPER INC MCRB OCCUP THPY	(14,915.88)	(21,897.74)
570.504610.651616	XVII-B6	PSS MCM OTHER OPER INC MCRB SPEECH THPY	(3,242.48)	(6,614.93)
570.504610.651617	XVII-B6	PSS MCM OTHER OPER INC PVT PAY PHY THPY I	(4,133.99)	(85,354.43)
570.504610.651618	XVII-B6	PSS MCM OTHER OPER INC PVT PAY OCC THPY	(15,667.76)	(75,771.37)
570.504610.651619	XVII-B6	PSS MCM OTHER OPER INC PVT PAY SPCH THY	10,708.48	(5,509.69)
				(895,726.00)
Barber& Beauty Care Revenue				
570.504610.650005	XVII-C13	PSS MCM OTHER OPER INC BEAUTY SHOP REVE	8,917.00	5,274.00
				5,274.00
Non Patient Meals				
570.504610.651240	XVII-C14	PSS MCM OTHER OPER INC CAFETERIA SALES	(28,297.48)	(17,790.48)
				(17,790.48)
Sale of Drugs				
570.504610.530700	XVII-C17	PSS MCM OTHER OPER INC PHARMACY ALLOWA	88,893.35	5,215.03
570.504610.651600	XVII-C17	PSS MCM OTHER OPER INC PHARMACY	(373,804.40)	(108,030.85)
570.504610.651610	XVII-C17	PSS MCM OTHER OPER INC PHARMACY-PART A	(155,950.28)	(295,682.22)
				(398,498.04)
Radiology - X Ray Revenue				
570.504610.651395	XVII-C20	PSS MCM OTHER OPER INC XRAY	(17,671.90)	(30,597.86)
				(30,597.86)
Laundry Revenue				
570.504610.651040	XVII-C22	PSS MCM OTHER OPER INC LAUNDRY SALES	(33,802.41)	(27,773.44)
				(27,773.44)
Contributions Revenue				
570.504612.630000	XVII-D24	PSS MCM NONOP INC UNRE UNRESTRICTED COI	(9,918.21)	(31,117.58)
				(31,117.58)
Other Income				
570.504610.651690	XVII-E28	PSS MCM OTHER OPER INC CONSORTA REBATE	(5,767.62)	(16,575.57)
570.504610.651900	XVII-E28	PSS MCM OTHER OPER INC MISC INCOME	(67.04)	(39.57)
570.504612.631010	XVII-E28	PSS MCM NONOP INC UNRE NET ASSETS RELEA	-	(36,789.29)
				(53,404.43)
Salaries				
570.504670.704100	V-A1-112	PSS MCM DIETARY FIXED SALARIES	70,945.61	71,890.89
570.504670.701050	V-A1-115	PSS MCM DIETARY VARIABLE SAL-AIDE	525.00	-
570.504670.701090	V-A1-115	PSS MCM DIETARY VARIABLE SAL-OTHER	114,316.15	111,387.70
570.504674.701050	V-A3-118	PSS MCM HOUSEKEEPING VARIABLE SAL-AIDE	86,948.41	101,813.48
570.504674.704100	V-A3-118	PSS MCM HOUSEKEEPING FIXED SALARIES	6,249.84	10,051.30
570.504676.701050	V-A4-119	PSS MCM LAUNDRY VARIABLE SAL-AIDE	24,230.75	22,473.01
570.504676.704100	V-A4-119	PSS MCM LAUNDRY FIXED SALARIES	903.68	-
570.504672.701090	V-A6-117	PSS MCM PLANT ENG VARIABLE SAL-OTHER	44,429.32	46,986.88
570.504672.704100	V-A6-117	PSS MCM PLANT ENG FIXED SALARIES	40,517.39	34,931.62
570.504688.704100	V-A7-133	PSS MCM PASTORAL CARE FIXED SALARIES	29,175.05	30,742.59
570.504630.704100	V-B10-11	PSS MCM SKILLED NSG FIXED SALARIES	127,559.54	97,928.37
570.504630.701010	V-B10-13	PSS MCM SKILLED NSG VARIABLE SAL-RN	549,772.97	503,365.42
570.504630.701030	V-B10-14	PSS MCM SKILLED NSG VARIABLE SAL-LPN	75,522.33	80,985.37
570.504630.701050	V-B10-15	PSS MCM SKILLED NSG VARIABLE SAL-AIDE	663,444.05	726,490.20
570.504630.701070	V-B10-15	PSS MCM SKILLED NSG VARIABLE SAL-TECH	45,251.68	45,477.22
570.504630.701090	V-B10-15	PSS MCM SKILLED NSG VARIABLE SAL-OTHER	37,083.81	39,051.64
570.504660.701090	V-B11-110	PSS MCM ACTIVITIES VARIABLE SAL-OTHER	36,987.16	37,466.58
570.504660.704100	V-B11-19	PSS MCM ACTIVITIES FIXED SALARIES	24,920.15	26,085.19
570.504662.704100	V-B12-111	PSS MCM SOCIAL WORK FIXED SALARIES	29,322.23	29,914.15
570.504689.704100	V-C17-120	PSS MCM DEVELOPMENT FIXED SALARIES	15,394.25	15,366.00
570.504690.701090	V-C17-122	PSS MCM ADMINISTRATION VARIABLE SAL-OTHE	59,174.53	66,972.09
570.504690.704100	V-C17-122	PSS MCM ADMINISTRATION FIXED SALARIES	196,520.87	198,372.90
				2,297,752.60

(624,793.62) (559,602.43)